

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5682 (3/2003)	<b>ENGINEERING CHANGE REQUEST</b> (Instructions on page 2)	ELC CASE FILE NUMBER
		DATE ENTERED:

ORIGINATING UNIT		ELC USE ONLY
UNIT NAME:	UNIT POC/TEL. #:	
UNIT SIGNATURE/DATE:	E-MAIL:	
TITLE:		
BACKGROUND/PURPOSE:		
IMPACT ON CUTTER/BOAT MISSION CHARACTERISTICS/CAPABILITIES (IF ANY):		
ATTACHMENTS/REFERENCES:		

Route to servicing MLC, with copy to ELC (01). Group units route to servicing MLC with copy to ELC(01) via Group and District

#### HQ UNITS AND MLCs

APPROVE <input type="checkbox"/>	SIGNATURE:		
DISAPPROVE (comments required) <input type="checkbox"/>	TITLE:		DATE:
Weight Estimate LBS <input type="checkbox"/> LT <input type="checkbox"/> _____			
CENTER OF GRAVITY LOCATION FEET AFT OF FWD PERPENDICULAR: _____ FEET ABOVE BASELINE: _____ FEET PORT/STBD OF CENTERLINE: _____			
PROTOTYPE RECOMMENDED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mission Critical YES <input type="checkbox"/> NO <input type="checkbox"/>
RECOMMENDED ECR CATEGORY	PLATFORM <input type="checkbox"/>	SYSTEM <input type="checkbox"/>	
RECOMMENDED ECR CLASSIFICATION	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
LIST HULLS AFFECTED (i.e. all 210s, or 723-725)			
RECOMMENDED FUNDING SOURCE			
AFC:	30 (unit) <input type="checkbox"/>	30 (program) <input type="checkbox"/>	42 <input type="checkbox"/> 45 (POP) <input type="checkbox"/> 45 (MLC) <input type="checkbox"/> OTHER <input type="checkbox"/>
ESTIMATED ONE-TIME COST		30 <input type="checkbox"/>	42 <input type="checkbox"/> 45 <input type="checkbox"/> OTHER <input type="checkbox"/>
ESTIMATED ANNUAL RECURRING COST (SAVING)		30 <input type="checkbox"/>	42 <input type="checkbox"/> 45 <input type="checkbox"/> OTHER <input type="checkbox"/>
COMMENTS:			

Route approved ECRs to ELC (01). Route disapproved ECRs back to originator with a copy to the ELC (01).

#### ENGINEERING LOGISTICS CENTER

CATEGORY	PLATFORM <input type="checkbox"/>	SYSTEM <input type="checkbox"/>
DISAPPROVE (comments required) <input type="checkbox"/>	SIGNATURE:	
FORWARDED TO: _____	TITLE:	DATE:
COMMENTS:		

Route all Platform ECRs to G-SEN. Route all System ECRs for SMEF managed systems to appropriate SMEF (copy to G-SCE). If disapproved, route back to originator.

## ENGINEERING CHANGE REQUEST

Page 2

### G-SEN (PLATFORM ENGINEERING CHANGES ONLY)

APPROVED FOR DEVELOPMENT <input type="checkbox"/>	SIGNATURE:		
DISAPPROVE (comments required) <input type="checkbox"/>	TITLE:		DATE:
ENGINEERING CHANGE CLASS	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
<b>FUNDING SOURCE</b>			
AFC:	30 (unit) <input type="checkbox"/>	30 (program) <input type="checkbox"/>	42 <input type="checkbox"/>
			45 (POP) <input type="checkbox"/>
			45 (MLC) <input type="checkbox"/>
			OTHER <input type="checkbox"/>
COMMENTS (include that address scope and funding boundaries):			

Routing: APPROVED: For HM&E Forward to ELC (01); ELECTRONICS, forward to SMEF w/copy to ELC (01).  
DISAPPROVED: Return to originator, with copy to ELC (01).

### INSTRUCTIONS

Much of this form is self explanatory, but the following is provided to further describe selected sections of the form. Continue on blank sheet and indicate appropriate block headings.

Originating Unit: Fill in section titled "Originating Unit" and if known, the weight and cost data in the section titled "HQ Units and MLCs".

Background/Purpose: Provide a brief description of the problem and recommendation of how you feel it should be corrected. You are encouraged to attach sketches, photos, etc that support your explanation. Digital photos compatible with SWIII are acceptable. A proper evaluation of the request is dependent on the accuracy and detail of the information provided here.

Impact on Cutter/Boat Mission Characteristics/Capabilities: Describe how the recommended change will impact the cutter or boats mission characteristics. Examples of mission characteristics include fuel consumption, speed, range, crew size, etc.

Attachments?References: List any attachments you have included and list any references that you feel apply to this change. References may include manufacturer's technical publications, Maintenance Procedure Cards, drawings, etc.

Headquarters Units & MLCs: Fill in the section titled "HQ Units and MLCs". Forward all ECRs to the ELC (01).

Recommended Engineering Change Class: Check A, B, or C to match definition provided in the COMDTINST M9000.6 (series), chapter 041.

List Hulls Effected: Provide a list of applicable hull numbers. If it applies to an entire class, then just the class designation.

Estimated One-Time Costs (Savings): Provide a total development/installation cost estimate.

Estimated Annual Recurring Costs (Savings): Provide an estimate of the change in recurring costs associated with this change. If the change results in a savings, indicate so by using parenthesis around the estimate.

G-SEN: Comments shall provide scope and funding boundaries beyond which the ELC or SMEF would be required to resubmit to the ECR to the HQ CCB.